[Music]

Female VO:
The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is The Road to Recovery 2015: Screening and Assessments for Mental and or Substance Use Disorders: The Role of Primary Care.

[Music]

Ivette:
Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about assessing for behavioral health issues within primary care. Joining us in our panel today are Dr. Wilson Compton, Deputy Director of the National Institute on Drug Abuse, Washington, D.C.; Dr. John Kelly, Associate Professor of Psychiatry in Addiction Medicine at Harvard Medical School, Massachusetts General Hospital, Boston, Massachusetts; Frances M. Harding, Director of the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, US Department of Health and Human Services, Rockville, Maryland; Paul Gionfriddo, President and CEO of Mental Health America, Washington, D.C. Dr. Compton, what is the prevalence of mental and substance use disorders in our nation?

Dr. Compton:
I think it's surprising how many people suffer from mental and substance use disorders in our country. When we try to tally the number of people, it's not an easy thing to do, so we use surveys that go from door to door in households. And from those surveys we find that there are millions of people with both substance use disorders and mental illness. For example, there's something like 6.5 to 7 million individuals with a disorder related to the illegal drugs and about 15 or 16 million or even higher 18 million with a disorder related to alcohol.

Ivette:
Paul, talk to us about mental health conditions.

Paul:
One of the things at Mental Health America we like to say is that mental health conditions are really no different from any other kinds of physical health conditions and that what we think needs to happen with all behavioral health conditions is that we need to start thinking about them as just simply physical health conditions like all others. We need to screen for them the way we screen for others, we need to act on them the way we act on others, and we need to stop having this separate system of care that really involves waiting till a crisis.

We've got to move upstream, talk about prevention, early identification and intervention and work from there.

Ivette:
And Dr. Kelly, are there a lot of unmet needs in the country for individuals who are living with these conditions?

Dr. Kelly:
Indeed there is. There's about 10% of people each year, for example, access or get care for a substance use disorder of the 100% of people who have those. So only about ten, about 2.3 million people actually access specialty care. We know that these conditions, both mental health conditions and addiction substance use disorders are probably among the most if not the most stigmatized conditions in society. So it does prevent a lot of people from seeking out specialty care. They will access their primary care office.

Ivette:
And Fran, as we look at the primary care system, does the ACA currently focus on prevention of these diseases?

Fran:
It focuses on prevention but not in the traditional way of just looking at insurance coverage although there are screenings for adults that are covered under the ACA for substance abuse, mental illnesses, tobacco-related illnesses, and such. For the young people we currently only have a couple of screenings; one for alcohol abuse and one for depression. But we look at ACA as embracing primary prevention across the continuum of services, not just insurance.

Ivette:
Dr. Compton, in terms of really dealing with the assessment for mental health conditions and addiction issues within primary care, are we doing it in a way that's being effective within that system currently?

Dr. Compton:
Part of our goal today is to increase attention to this issue so that more physicians will include in their practice, whether that's questions that they might ask or that might be asked with the online materials we all fill out when we go to the doctor or fill out before we see the nurse when we first get there. Those are the different creative ways to make this a seamless part of general medical care.

Ivette:
Paul, have you noticed whether the ACA has in fact increased—Has it been making a difference within the community?

Paul:
Well, I think we hope it will make a bigger difference in the future. In the course of the past year or so at Mental Health America we put up screening tools on our website that people can use anonymously. They just go to www.mhascreening.org to find them. We get about a thousand people a day who go and use those tools and what we think we need to do is to be able to use this kind of information and use these kinds of tools so people will be able to begin a discussion with their doctors in their primary care offices because I think personally that screening for children ought to be as ubiquitous as dental screening, vision screening and hearing screening. And I think for adults it ought to be as ubiquitous as blood pressure screening is and it has not become that yet. But I think that should be the goal we all should be aiming for.

Ivette:
Good, and when we come back, I want to continue talking about behavioral healthcare within the primary care system. We'll be right back.

Male VO:
For those with mental or substance use disorders, what does recovery look like? It's a transformation. It's a supporting hand. It's new beginnings. When does recovery start? It starts when you ask for help and support. Join the Voices for Recovery. Speak up. Reach out.

Female VO:
For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Ivette:
Fran, what is behavioral health?

Fran:
The concept for SAMHSA and our field is the emotional, mental and physical state of individuals. So specifically we're talking about services for promotion, prevention, treatment and recovery.

Ivette:
And Dr. Kelly, if a person has a mental health problem or if they have a substance use disorder problem, how is that gonna impact the overall health?

Dr. Kelly:
It affects physical health, mental health, productivity behavior in many different facets. But you can think of substances, for example, causing harm in three different ways. One is through addiction, so what we classify and talk about as substance use disorders. Another one is through intoxication. And toxicity is the other one. We know that through toxicity, long term exposure, for example, to

alcohol causes liver problems and also increases risk for certain types of cancer. Mental health issues apart from substance use also affects people's ability to cope with the demands of everyday living because it compromises their self care ability.

Ivette:
So it gets into productivity issues, Paul, and what they're giving back within their jobs and society?

Paul:
It does all of that, that's right. And that is one thing that a number of people are beginning to focus on increasingly is that in the workplace for adults, the affects of mental health problems on absenteeism, on people being present in the workplace but not really able to give a full day have been dramatic, and the affects of major and significant mental health conditions on children is also dramatic. Think about changing this paradigm about moving upstream and trying to deal with these issues much earlier on in a disease process so that we really can change trajectories of lives and really have good outcomes.

Ivette: Dr. Compton

Compton:
When you have physical health conditions that are poorly responsive or not doing very well, a key risk factor and a key problem might be an underlying substance use issue. This is one simple way that they're related and showing us how important it is for doctors to use those clues from their clinical practice to then go after and start identifying mental illness and substance use problems in their patients.

Ivette:
Dr. Compton, tell us why are we not getting more physicians to actually assess for these conditions, even now as we're trying to integrate it into primary care?

Dr. Compton:
Many physicians have a sense that there's nothing they can do and there's no hope so why would you screen and identify cases when you can't do anything about it. So we need to address that what I would call therapeutic nihilism, a fear that you have nothing that you can do. A second very practical issue is there was no way to reimburse physicians for the extra effort they have to go to to identify and then intervene in these cases. So we need to make sure that there are financing mechanisms and that's where the Affordable Care Act, this new healthcare reform can play a role. And with healthcare reform with mental health and substance abuse parity laws, there's at least the possibility of those being paid for.

Ivette:

Dr. Kelly, you're at Harvard and Harvard has a medical school. How are we now educating the new physicians that are coming in to actually screen for these conditions?

Dr. Kelly:
I'm very happy to report that in fact Massachusetts General Hospital where I work, we have made the top priority of the hospital substance use disorder. We screen all patients and that's a new initiative that's just started in the last year because of the recognition of the high volume, high disease burden on health and mental health that affects healthcare; healthcare service delivery, healthcare costs and healthcare efficiency.

Ivette:
And Paul, can you expand on what they can do in order to identify those individuals early in the process so that it doesn't get to a crisis setting.

Paul:
Centers for Medicare and Medicaid Services back in December changed the Free Care role, or at least the interpretation of the Free Care role. So in nearly every public school in the country they could now generate hundreds of thousands of dollars, if not millions, just by screening ubiquitously for conditions like mental health conditions. So that removed a significant barrier to getting reasonable mental health screening and, by the way, de-stigmatizing because if you do mental health screening, not mental illness screening but mental health screening for every child, then we don't have to be concerned as much about our child being singled out if we're being told that there are behavior problems in school. So that's one thing that we could do. I think that parents also, as well as educators, need to be thinking of themselves as part of a clinical team along with their primary care providers and also their community clinicians.

Ivette:
And to know their rights as parents of the children that are in these schools systems and must provide those services. And when we come back, I want to continue to talk about these issues. We'll be right back.

[Music]

Female VO:
Affinity Healthcare Group provides medically supervised Methadone and Buprenorphine maintenance treatment to individuals who are attempting to overcome addiction to or dependence upon heroin or other opioids.

Carla Taylor, Clinical Supervisor for Affinity Healthcare Group, Virginia Beach, Virginia.

Carla:
At Affinity Healthcare Group, we primarily treat opiate addiction.

Female VO:
Dr. John Scanlon, Medical Director for Affinity Healtcare Group, Virginia Beach, Virginia.

Dr. Scanlon:
Most of the folks that we see in this clinic have been addicted to heroin for greater than a year. The clinic is a practice that provides full service addiction services which extend from counseling services to the provision of medication-assisted treatment. The Methadone or the Buprenorphine, we do both in this clinic, is just a tool that's used to help the patient not get sick while we can use the other interventions.

Female VO: Carla Taylor

Carla Taylor:
Melvin came to our clinic about two years or so ago, and he had a strong addiction to the opiates.

Female VO:
Melvin, an Affinity Healthcare Group patient, Virginia Beach, Virginia.

Melvin:
Well when I first came to Affinity Healthcare Group, I was a mess. I've been trying to get clean on my own pretty much for 15 years.

Female VO: Carla Taylor

Carla:
Our treatment modalities include cognitive behavioral therapy, motivational interviewing along with reality therapy.

Female VO: Melvin

Melvin:
It's great to have a support group, but to have a counselor that you really really can sit down and talk with to really listen to you and not so quick to criticize you is wonderful because it helps.

Female VO: Dr. John Scanlon

Dr. John Scanlon:

We have become primary care in many of these cases. The goal is to catch the substance use before it becomes a high risk use.

Female VO: Melvin

Melvin:
I feel wonderful. Today I'm clean, I'm happy, I got my family, I have employment. My experience with Affinity Healthcare Group has gave me my life back.

[Music]

Ivette:
Dr. Compton, you wanted to comment on some of the notations that Paul made.

Dr. Compton:
Absolutely. The idea of doing screening in an automated way whether that's online or in a nurse's office or in school is just a terrific idea. At the National Institute on Drug Abuse, for example, we have online screening as part of our universal prevention. We also have a program called NIDAmed that is an online screening tool that links people with the idea of screening and perhaps even a brief intervention for their alcohol, tobacco, or substance use issues. And that's a very promising model for either online, as we've implemented it, or particularly in primary care settings.

Ivette:
And Fran, SAMHSA has a prevention framework. Do you want to talk a little bit about that and tell us what that's all about.

Fran:
The best method of helping our country is to get the information out early, to get the medical profession informed, to get parents informed, to get communities informed and almost everyone else that we talked about. We help them build capacity and skills so that they can address these needs. They then go through a process of all the evidence-based programs and match the program specifically for the area of risk. We are that sophisticated in the prevention science. And last but not least, we then implement the program, evaluate it and start over because this is not a one shot. We continuously do that.

Ivette:
Dr. Kelly, let me go back to you and the assessment. When we talk about assessing for mental and substance use disorders, that's one thing. What other elements of someone's health—should we be looking at sexually transmitted diseases, should we be looking at also be screening for HIV of individuals that have a substance disorder and then have a mental health condition?

Kelly:

Absolutely and I think this is why primary care is so important in this regard is that primary care has the facility and ability to be able to address the whole person including these other kinds of infectious disease possibilities as comorbidities which are more common, obviously, among people who are using drugs, especially IV drugs as well as other kinds of liver diseases. So those are very important aspects to address as part of the screening process.

Ivette:
And, Paul, have you seen a lot of mentally ill patients presenting with opioid use because of the prescription medications?

Paul:
Well, if the question is do people who have mental illnesses self medicate, I think everybody knows the answer is yes. But the fact of the matter is that one of the things we need to take into account is that the kind of system we built around people with mental health concerns and serious mental illnesses is one where we have frequently waited until they present a danger to themselves or others, and use that as a standard for a trigger to treatment.

Ivette:
And Fran, screening and brief interventions. Let's talk a little bit more about that as it relates to its value in terms of prevention.

Fran:
When we look at SBIRT as what it's called, screening brief intervention, people see it as a treatment tool only. It's to screen to get them into treatment. Actuality, fewer people who are screened with the SBIRT tool need to go to have an assessment for treatment. They actually need other services and that's what the prevention field will give them. If you show signs and symptoms of a problem, of being either a high risk user or having bouts of depression a little bit too often, it's good to do an SBIRT screening to be able to see. SAMHSA has had great success and our states and communities have reported that this has really been an effective tool, especially now they know you can have a screening for an assessment for treatment as well as a screening for helping people get to the right prevention and intervention service.

Ivette:
Excellent. And when we come back, we'll continue to talk about interventions and treatment within the primary care system. We'll be right back.

[Music]

Female VO:
At times, the path to recovery from a mental and substance use disorder may be unclear. At times, the path may be rocky. At times, the path may be wandering. But laying a strong foundation, with the support of others, makes all the

difference.

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

Male VO:
For more information on national recovery month, to find out how to get involved or to locate an event near you visit the recovery month website at recoverymonth.gov

Ivette:
Dr. Kelly, following up on what Fran has just mentioned, is the initial prevention screening within primary care enough and an initial referral or should the patients be followed?

Dr. Kelly:
I think it's critical that people are followed over time and checked in on regularly in terms of these symptoms and syndromes that they may suffer from. When you follow people over time, what you see is that like other illnesses the earlier you intervene, the shorter the time to remission. That sometimes can take years to happen. The earlier you intervene, begin the conversation, begin the treatment and keep the conversation going, I think that's key for families and for treaters, and primary care can do that.

Ivette:
Very good. And Dr. Compton, earlier we had mentioned issues of opioid misuse, and within primary care as we look at these issues, should we be talking about medication assisted therapies?

Dr. Compton:
Absolutely. Primary care is one of the main places where medication treatments will be started and continued so that we have patients that may benefit from Buprenorphine, as an example, is one of the main treatments for addiction to opioids. Or use of an opioid blocker like Naltrexone or Vivitrol, a long-acting injection that can be useful for helping prevent a relapse to opioids. But I also don't want to underestimate the importance of medications for alcohol and I think that's a tool that we haven't taken advantage of in this country very much, and primary care might be just the right place to encourage and consider medications for the treatment of alcoholism and opioid disorders.

Ivette:

And, Paul, I'm gonna shift a little bit now and talk about our military families and the vets that are coming back in terms of PTSD. Within the primary care system, how should you think that the system should be handling those cases?

Paul:
Well, I think everybody realizes that notwithstanding the good work that the Veterans Administration does, they really can't handle the entirety of this problem and so a lot of people do show up in their primary care offices. You know, something like 80% of Vietnam Veterans will have said they've had PTSD symptoms at some point in their lives and we're gonna see numbers like that for all of our returning heroes from Iraq and Afghanistan as well. So unless we intervene in the primary care settings we're not really going to be addressing their needs moving forward.

Ivette:
Fran, no system is perfect as we continue to transition and attempt to get all services into primary healthcare. From a family perspective, particularly those that have signed up for the ACA, what should they be looking for, what should they be on the lookout for?

Fran:
They should be on the lookout for as much parent education as they can find. They should help join their coalitions and taskforces that are in their states and communities, around school issues, around childhood issues. SAMHSA, again, has a terrific education program for parents around alcohol use. Alcohol still remains the number one drug problem for young people in this country. So they need to learn to gather all the information they can and be very active in the health of their child just as they are if their child has an earache, has a toothache, or has been having bouts of loneliness and depression. We need to get mental health and substance abuse all under the same umbrella.

Ivette:
And Dr. Compton, any other resources that NIDA may have that families ought to be aware of?

Dr. Compton:
I think it's very important to realize that the NIH is developing new tools that can be applied in general medical settings, so we're very interested to build on this vision that Fran just described of primary care as a place to get these needed services for families. But we haven't quite proven that these prevention interventions, how they can work in primary care so that's one of our goals right now is to retool some of the school-based interventions and test them and apply them in general medical settings. So that's a contribution that the NIH will be making over the next few years.

Ivette:

Dr. Kelly, in terms of physicians, what should they be on the lookout for in terms of the trainings they should have? Should we be encouraging the AMA and all of the medical schools to be training their physicians on issues of mental and substance use disorders?

Dr. Kelly:
I think we're gonna be moving more strongly in that direction with the Affordable Care Act because health care systems now are incentivized to be smarter about healthcare delivery and that includes addressing substance use and mental health in those settings.

Ivette:
And, Dr. Compton, I'm gonna come to you for final thoughts.

Dr. Compton:
Well, certainly I think the most important message is one of hope, that by addressing these conditions in a forthright and direct manner we really can bring recovery and treatment to a much larger number of people than we do now, and that's why we're reaching out to primary care.

Ivette:
And Dr. Kelly?

Dr. Kelly:
I would agree with that. I think that was nicely put, to continue to have programs like this where we can talk about it, address these issues, make our education for medical students. I think that's where a lot of it's been missing. But also other kinds of healthcare providers, too; social workers and psychologists. There's been an absence of substance use and mental health, particularly substance use in those settings. So I think changing our educational emphasis around these is gonna start to have an impact on healthcare delivery in primary care. But it does take time.

Ivette:
Very good. Thank you. Fran, final thoughts.

Fran:
I'd say we're all in this together. If we can get our country to understand their role, and that everyone has a role, in helping to reduce the incidence of substance abuse and mental illness affects in the country and bring it to whatever level they're at, whether they're a young person in school just learning how to identify their own feelings, whether they're a parent, whether they're a member of the clergy. It doesn't matter where you stand. We've talked a lot about the physicians and their role and students and their role; we all need to begin to see that behavioral health issues are as, if not and more important than some of our physical health issues and we need to treat it together.

Ivette:
Very good. Paul, final thoughts.

Paul:
Well, some people think it's just professionals around the table when they see conversations like this and that we have just a professional interest in this; and we all do but like so many people in the field, I also have a personal interest in this because my son, Tim, developed signs of schizophrenia when he was five years old. That was 25 years ago. Tim is 30 years old now and he's homeless on the streets of San Francisco. We could have made a difference in the lives of so many people like Tim over the course of the last 25 years had we taken the approaches that we're talking about taking here. What we need to do is think forward over the next 25 years to how we're going to change the trajectories of the lives of so many Tim's in this country so that they don't end up homeless on the streets of San Francisco or worse.

Ivette:
This is very true. And, I want to remind our audience—first of all I want to thank you for being here and I want to remind our audience that September is ***National Recovery Month.*** We want to encourage you to go to recoverymonth.gov and get engaged in September and throughout the year in this observance supporting people in recovery for mental and substance use disorders. Thank you for being here. It's been a great show.

[Music}

Male VO:
To download and watch this program or other programs in the *Road to Recovery* series visit the website at recoverymonth.gov.

[Music]

Female VO:
Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]

END.